



KENTUCKY TRANSPORTATION CABINET  
Department of Highways  
Permits Branch

TC 99-31E  
Rev. 04/2007  
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## APPLICATION FOR ADVERTISING DEVICE PERMIT

**Submit in triplicate for Interstate and Parkway routes. Submit in Duplicate for FAP and NHS routes--  
at appropriate District Office**

Date \_\_\_\_\_ AD- \_\_\_\_\_ - \_\_\_\_\_

1. Name of Advertising Device Owner \_\_\_\_\_

Address of Advertising Device Owner \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone Number

2. Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone Number

3. Name of Property Owner \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Telephone Number

4. County \_\_\_\_\_ Route \_\_\_\_\_ Mile Point \_\_\_\_\_

5. Type of Highway ☐ Interstate ☐ Parkway ☐ FAP ☐ NHS

Is the highway marked above a designated scenic byway? ☐ Yes ☐ No

6. Will the proposed advertising device be visible from the main traveled way of the highway checked in item 5? ☐ Yes ☐ No

7. Distance of nearest portion of the proposed advertising device to main traveled way of highway checked in item 5  
(Exact distance in feet) \_\_\_\_\_

8. Distance of nearest portion of the proposed advertising device to right-of-way line of highway checked in item 5  
(Exact distance in feet) \_\_\_\_\_

9. Is the proposed advertising device an "on-premise" advertising device? ☐ Yes ☐ No  
(If Yes, go to item 12.)

10. If the proposed advertising device is a billboard or off-premise advertising device adjacent to an Interstate or Parkway highway, was:

A. Any area within one hundred (100) feet of, and including any area where there are located within the protected area at least ten (10) separate commercial or industrial enterprises, not one (1) of the structures from which one (1) of the enterprises is being conducted is located at a distance greater than one thousand six hundred twenty (1620) feet from any other structure from which one (1) of the other enterprises is being conducted; **and** ☐ Yes ☐ No

B. 1) Within the area there was a commercial or industrial enterprise in existence on September 21, 1959;  
**or** ☐ Yes ☐ No

2) The land use for the area was within an incorporated municipality as the boundaries existed on September 21, 1959.  
☐ Yes ☐ No

11. If the proposed device is a billboard or off-premise advertising device adjacent to an FAP or NHS route, is the area:
- A. Within any commercial or industrial zone? **or** ☐ Yes ☐ No  
B. Conforming to the definition of an unzoned commercial or industrial area? ☐ Yes ☐ No
12. Will the proposed advertising device advertise an activity that is illegal under state or federal law? ☐ Yes ☐ No
13. Will the proposed advertising device attempt or appear to attempt to direct the movement of traffic? ☐ Yes ☐ No
14. Will the proposed advertising device interfere with, imitate, or resemble any official traffic sign, signal, or device? ☐ Yes ☐ No
15. Will the proposed advertising device prevent the driver of a vehicle from having a clear and unobstructed view of official signs, approaching, or merging traffic? ☐ Yes ☐ No
16. Description of the proposed advertising device (*Measurement not to include supports*):
- A. Height \_\_\_\_\_ B. Width \_\_\_\_\_ C. Total sq. ft. \_\_\_\_\_  
in area  
D. Message \_\_\_\_\_
17. If the proposed advertising device is an on-premise device, will the device be located within fifty (50) feet of the advertised activity boundary line? ☐ Yes ☐ No
18. Is the one on-premise advertising device, which is allowed more than fifty (50) feet but not more than 400 feet from the advertised activity boundary line limited to twenty (20) feet in length, width, or height, or 150 square feet in area? ☐ Yes ☐ No
19. Does the proposed advertising device comply with all applicable zoning ordinances and regulations of the city or county in which located? ☐ Yes ☐ No

If yes, give permit number and submit a copy of the valid permit with this application \_\_\_\_\_

**The above statements are certified to be correct to the best knowledge and belief of the undersigned who is authorized to sign this application.**

Telephone \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_ Title \_\_\_\_\_

**SEND APPLICATION TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CABINET USE ONLY**

**APPLICATION RECOMMENDED**

**APPLICATION APPROVED**

\_\_\_\_\_  
Recommended for Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
\* Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\* The approved application is only valid for one year from date of approval.**

**FOR MORE DETAILED INFORMATION, SEE REGULATION 603 KAR 3:080  
KENTUCKY TRANSPORTATION CABINET, DEPARTMENT OF HIGHWAYS**